

**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: Scimed Life Systems, Inc.Application No./Patent No.: 10/017,534Filed/Issue Date: October 18, 2001Entitled: DIFFRACTION GRATING BASED INTERFEROMETRIC SYSTEMS AND METHODSSCIMED LIFE SYSTEMS, INC. a Minnesota Corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1.  the assignee of the entire right, title, and interest; or
2.  an assignee of an undivided part interest

in the patent application/patent identified above by virtue of either:

A.  An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

OR

B.  A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

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Additional documents in the chain of title are listed on a supplemental sheet.

Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.8]

The undersigned (whose title is supplied below) is empowered to sign this statement on behalf of the assignee.

1/31, 2002

Date

Signature

Albert K. Kau

Typed or printed name

Assistant Secretary

Title

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted With Initial Filing       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)  
**OR**

Attorney Docket Number	265/222
First Named Inventor	Isaac Ostrovsky et al.
<b><i>COMPLETE IF KNOWN</i></b>	
Application Number	10/017,534
Filing Date	10/18/01
Group Art Unit	Unknown
Examiner Name	Unknown

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: \_\_\_\_\_

## DIFFRACTION GRATING BASED INTERFEROMETRIC SYSTEMS AND METHODS

the specification of which *(Title of the Invention)*

is attached hereto

OR

was filed on (MM/DD/YYYY) 10/18/2001 as United States Application Number or PCT International

Application Number **10/017,534** and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is

Information for Prior Foreign Applications					
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
None			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 3]

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:  Customer Number  
or Bar Code Label22249  
PATENT TRADEMARK OFFICEOR  Correspondence address below

David E. Wang, Esq.

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Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:  A petition has been filed for this unsigned inventorGiven Name Isaac Family Name Ostrovsky  
(first and middle [if any]) or Surname

Inventor's Signature

*I. Ostrovsky*

Date 1/24/2002

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Zip

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NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventorGiven Name Mark Family Name Modell  
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Inventor's Signature

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<b>NAME OF THIRD INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Robert J.		Crowley		
Inventor's Signature		Date Jan 25, 2002		
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[Page 3 of 3]

Please type a plus sign (+) inside this box

PTO/SB/81 (02-01)

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POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT

Application Number	10/017,534
Filing Date	October 18, 2001
First Named Inventor	Isaac Ostrovsky et al.
Group Art Unit	To be Assigned
Examiner Name	To be Assigned
Attorney Docket Number	265/222

I hereby appoint:

Practitioners at Customer Number

22249

22249



Please direct correspondence to practitioner(s) named below:

Name	Registration Number
David E. Wang	38,358

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Lyon & Lyon LLP				
Address	Suite 4700				
Address	633 West Fifth Street				
City	Los Angeles	State	CA	ZIP	90071-2066
Country	USA				
Telephone	949-567-2300 OR 213-489-1600	Fax	949-567-6600 or 213-944-0440		

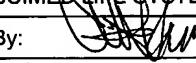
I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

*Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

SIGNATURE of Applicant or Assignee of Record

Name	SCIMED LIFE SYSTEMS, INC.		
Signature	By: 	Name: Albert K. Kau	Title: Patent Counsel
Date	1/31, 2002		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of one form is submitted.

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